•	•								/	0	749	32.	
								Application or Docket Number					
	PATENT	APPLICATIO Effec	ON FEE D tive Octob		_	ON RECOI	RD	1	017	- 1	243-	-999	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									NTITY	OR	OTHER		
TO	TAL CLAIMS		3				RATE FEE		FEE	1	RATE	FEE	
FC	R		NUMBER FILED		NUMBER EXTRA .		BAS	IC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			3 minus 20= 1		. 7	. 0		\$ 9=		OR	X\$18=		
INE	EPENDENT C	LAIMS	/ minus 3 = * 2				X43=			OR	X86=		
ML	ILTIPLE DEPEN	IDENT CLAIM P	RESENT						1	.200			
* If the difference in column 1 is less than zero, enter "0" in						column 2		45=		OR	+290±		
41	•						TC	TAL		OR	TOTAL	TUAN	
	5/3/06	LAIMS AS A (Column 1)	MENDEL	PAR - (Colur)		(Column 3)	SM	IALL	ENTITY	OR	OTHER SMALL I		
AMENDMENTA	1 - 1 - 1 - 1	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	EST BER DUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 18	Minus	** 0	20	= -	X	9=		OR	X\$18=		
	Independent	. 2	Minus	***	3	=	×.	13=		OR	X86=		
∢	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							45=		OR	+290=		
	•						L	TOTAL			TOTAL		
1	2-7-06	Column 1)		(Colum		(Column 3)	ADDI	r. FEE			ADDIT. FEE	-	
-		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI .PREVIC PAID	BER DUSLY	PRESENT EXTRA	P/	NTE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT B	Total	· 27	Minus	** q	70	- 7	XS	9=		OR	X\$18€	350	
	Independent	• 3	Minus	•••• (3	=	X	3=		OR	X86=	0	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							45=		OR	+290=	.0	
		•		:			ـــــ	OTAL		00	TOTAL	350	
		(Oal.,=== 4)		10-1	C'	(Cabuma 0)	ADDIT	r. FEE		Jun	addit. Feel		
		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGH NUME PREVIO PAID	EST BER BUSLY	PRESENT EXTRA	R/A	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	44		8	XS	9=		OR	X\$18=		
MC	independent	•	Minus	***		2	X4	3=			X86≈		
(FIRST PRESE	NTATION OF ML	JLTIPLE DEF	PENDENT	CLAIM		\vdash			OR			
• ;	the entry in colum	nn 1 is less than th	e entry in con	mn 2. wrtte	"O" tn col	ແກກ 3.	+14			OR	+290=		
	f the "Highest Nur	mber Previously Pa mber Previously Pa	ud For IN THE	S SPACE IS	less that	n 20, enter "20."	ADDIT	OTAL: FEE		OR	TOTAL ADDIT. FEE		

FORM PTO-875 (Rev. 10/03)

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